

## Field Treatment

1. Basic airway/spinal immobilization prn

**Note:** ① ②

2. Oxygen via non-rebreather mask at 15 liters or greater/pulse oximetry  
③
3. Advanced airway prn
4. Cardiac monitor/document rhythm and attach EKG strip
5. Venous access prn
6. If hypotension, fluid challenge
7. If hypotension unresponsive to fluid challenge, **dopamine 400mg/500ml NS** at 30mcgtts/minute  
①
8. If active seizure with altered LOC, **midazolam 2-5mg** slow IVP titrated to control seizure activity  
② ③ ④  
☞ May repeat prn

## Drug Considerations

### Dopamine:

- ① Titrate to systolic BP 90-100 and signs of adequate perfusion or to maximum of 120mcgtts/minute.

### Midazolam :

- ② If unable to obtain venous access- may administer 5mg IN or IM. May repeat one time in 5 minutes
- ③ May repeat IV dose every 3-5 minutes prn to maximum adult dose- 10mg
- ④ Monitor airway constantly after administration.

## Special Considerations

- ① Consider hypothermia.
- ② Contact Medical Alert Center for on-call hyperbaric physician and determination of patient destination.
- ③ Oxygen-powered breathing devices should not be used in these patients. (e.g.: CPAP)